IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 91263 PIN# ~~4740203493~~ 4740401915 DATE 3/16/01

OWNER OR CONTRACTOR AH INC / Spear Construction PHONE: Business 202-4964 Home 636-7765

ADDRESS 2310 S. Main St. Salisbury NC 28147

LOCATION Clonts Hill, L Ridge Crk, R Wiltshire, L Panther Crk on Rt near end

SUBDIVISION Wiltshire Crk BLOCK / SECTION ____ LOT 28 LOT AREA .75 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1600 Gallons; STB 825 Date 2/28/01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, ◉ IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity Panel
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

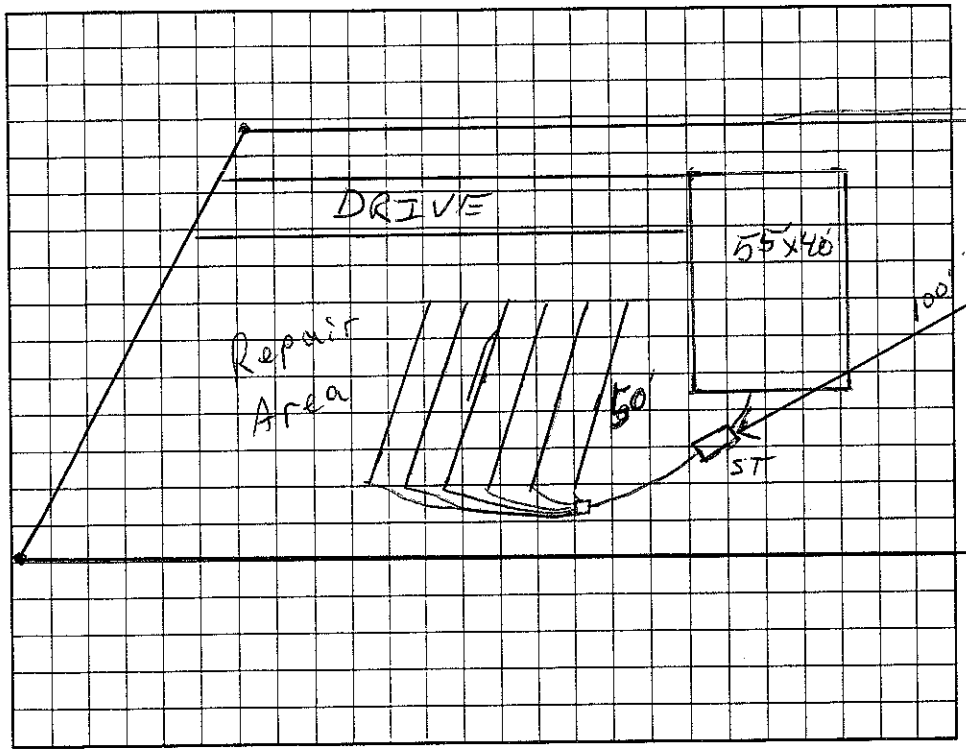
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

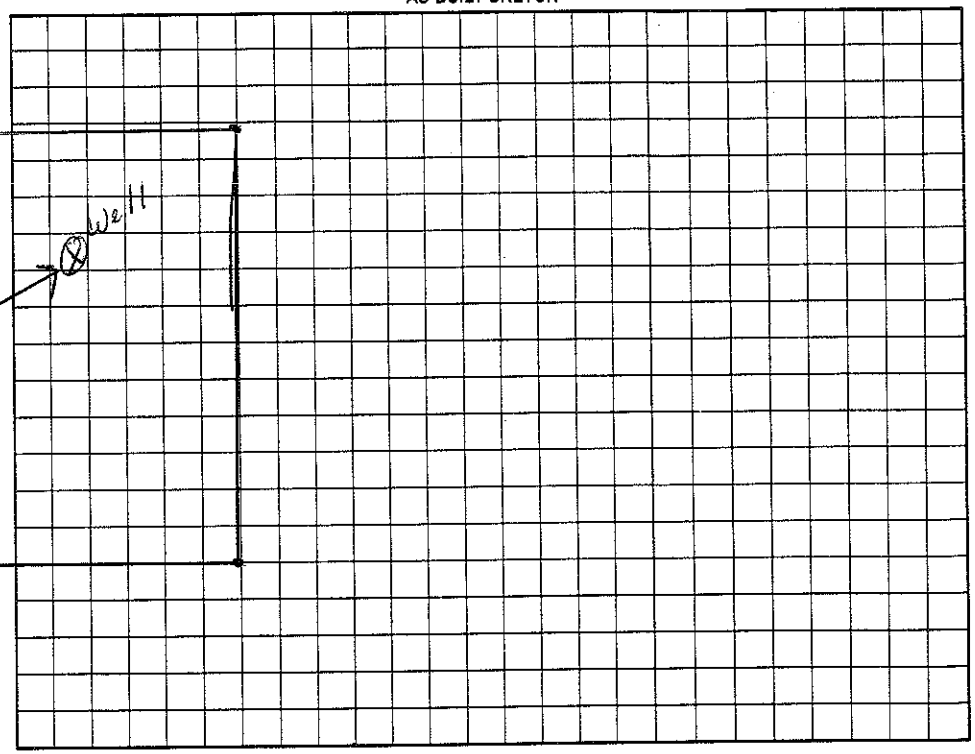
Comments/Conditions:

Comments/Conditions: Infiltrators Installed
Installed on Rain

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 3/28/01
Improvement Permit by: ____ RST date 3/16/01
Authorization to Construct by: ____ RST date 3/16/01

Installed by: Rowan Septic
Operation Permit by: ____ RST date 4/3/01
Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK